

**Utah Insurance Department
3110 State Office Building, Salt Lake City, UT 84414
Health Discount Program
801-538-3800**

Marketer License Application

☐ Initial \$300 ☐ Renewal \$450

If this is a renewal application, do not send the documents requested below, unless they have not already been submitted.

Legal Name of Organization _____ EIN _____

Alias: _____

Business Address: (Physical Location, no PO Boxes)

Street _____ City _____ State _____ Zip _____

Contact person _____ Position _____ Email _____ Phone _____

Name of Incorporators (Owners) List all those owning 5% or more of the entity

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

(Attach additional page if needed)

Please submit the following with application:

- Copies of Articles of Incorporation and Bylaws (if applicable)
- Biographical information of those listed above (must use form NAIC Biographical Affidavit http://www.naic.org/documents/industry_ucaa_form11.pdf)
- Names, addresses, faxes, emails, websites and phone numbers of principals and legal representative.
- Names, addresses, faxes, emails, websites and phone number of operators- Include copies of contract(s)

I certify that the information in this application is accurate.

Signature of Authorized Representative

Date